U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - ///66	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: [12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Lawrence F Neidig, Jr.	Name International Brotherhood of Electrical Worker		
	Labor Organization File Number 000-116		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 900 Seventh Street N W	Street 900 Seventh Street NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20001-3886	State District of Columbia ZIP Code + 4 20001-3886		
5. Position in labor organization.  Sr. Ex. Asst. to the Int Officers			
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
LD. Name and address of Employer (including trade name, if easi).			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign	7.b. Amount.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification, The undersigned declares, under penalty of	ature  Perjury and other applicable penalties of the law, that all of the information in a documents) has been exercised by the law, that all of the information in a documents) has been exercised by the law, that all of the information in a documents has been exercised by the law, that all of the information in a documents has been exercised by the law, that all of the information is a document.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature  Perjury and other applicable penalties of the law, that all of the information in a documents) has been exercised by the law, that all of the information in a documents) has been exercised by the law, that all of the information in a documents has been exercised by the law, that all of the information in a documents has been exercised by the law, that all of the information is a document.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

me of Person Filing Lawrence Neidig, Jr.		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name John Russell  Trade Name, if any: Kelly Press  P.O. Box, Bldg., Room No., if any  Street 1701 CAbin Branch Dr.  City Cheverly  State Maryland ZIP Code + 4 20785-3820	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	11.a. Nature of such dealid 1/13/04 Lunch  11.b. Approximate dollar valu  12.a. Nature of interest held	te of such dealing. \$35	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		